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Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571) 273-2885

ISSUE FEE

\$1510

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SMALL ENTITY

NO

HOLLINGSWORTH & FUNK, LLC 8009 34TH AVE S SHITE 125 MINNEAPOLIS, MN 55425

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| Rennae Johnson | (Depositor's name) |
|------------------|--------------------|
| /Rennae Johnson/ | (Signature) |
| June 25, 2009 | (Date) |

TOTAL FEE(S) DUE

\$1810

DATE DUE

06/29/2009

APPLICATION NO FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO 10/820 642 04/08/2004 Eric G. Lovett GUID 611PA 8502

TITLE OF INVENTION: APPLN. TYPE

nonprovisional

Cardiac Pacemakers, Inc.

| EXAMINER | ART UN | IT | CLASS-SUBCLASS | | | | |
|---|----------------|---|---|--|--|--|--|
| | | | | | | | |
| 1. Change of correspondence address or indication of "FicER 1.363). ☐ Change of correspondence address (or Change of Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication (or "Fee Address" Indication. Number is required. Use The Company of the Company | Correspondence | (1) the na or agents (2) the na registered 2 register | nting on the patent front page, li- mes of up to 3 registered paten OR, alternatively, me of a single firm (having as a attorney or agent) and the named patent attorneys or agents. If name will be printed. | nt attorneys n member a nes of up to | 1_ 2HOLLINGSWORTH & FUNK, LLC 3_ | | |

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\$300

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

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Please check the appropriate assignee category or categories (will not be printed on the patent): 4a. The following fee(s) are enclosed: 4h Payment of Fee(s) ✓ Issue Fee ☐ A check in the amount of the fee(s) is enclosed.

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☑ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-3581 Advance Order - # of Copies

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5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

St. Paul, MN

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Authorized Signature /Mark A. Hollingsworth/ Date June 25, 2009

Typed or printed name Mark A. Hollingsworth Registration No. 38,491

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) Insconlection of informations required by 37 CFR, 13.11. In information is required to obtain or retain a benefit by the public winch is to lite (and by the USF 10 to process) an application. Confidentially is good information of the process of the public of the publi Alexandria, Virginia 22313-1450.

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